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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

OR

Attorney Docket Number	PU040223
First Named Inventor	Klaus Anderle
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

**As a below named Inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND DEVICE FOR THE COLOR CORRECTION OF DIGITAL IMAGE DATA**

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) **October 29, 2004** as United States Application Number or PCT International

Application Number **PCT/IB2004/003866** and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			YES	NO
03300181.9	EP	October 29, 2003	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
04008969.0	EP	April 15, 2004	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 4]

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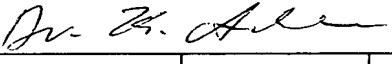
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## DECLARATION — Utility or Design Patent Application

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Name	JOSEPH S. TRIPOLI				
Address	THOMSON LICENSING INC.				
Address	PO Box 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA	Telephone	(609) 734-6892		Fax (609) 734 - 6888
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name KLAUS		Family Name ANDERLE or Surname			
Inventor's Signature				Date 05.04.2005	
Residence: City Darmstadt	State	Country	Citizenship DE		
Mailing Address					
Mailing Address Gutenberg Str. 29					
City Darmstadt	State	ZIP 64289	Country	DE	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name PIERRE		Family Name OLLIVIER or Surname			
Inventor's Signature				Date	
Residence: City Culver City	State CA	Country USA	Citizenship FR		
Mailing Address					
Mailing Address 4214 Lafayette Place					
City Culver City	State CA	ZIP 90232-2820	Country	USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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Address	THOMSON LICENSING INC.				
Address	PO Box 5312				
City PRINCETON			State NJ	ZIP 08543-5312	
Country USA	Telephone 609-734-6892			Fax (609) 734 - 6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name KLAUS		Family Name ANDERLE or Surname			
Inventor's Signature				Date	
Residence: City Darmstadt		State	Country DE	Citizenship DE	
Mailing Address					
Mailing Address Gutenberg Str. 29					
City Darmstadt	State	ZIP 64289	Country DE		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name PIERRE		Family Name OLLIVIER or Surname			
Inventor's Signature			Date <i>X April 5, 2005</i>		
Residence: City Culver City		State CA	Country USA	Citizenship FR	
Mailing Address					
Mailing Address 4214 Lafayette Place					
City Culver City	State CA	ZIP 90232-2820	Country USA		
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 4**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
JURGEN		STAUDER		
Inventor's Signature	<i>Jurgen</i>		Date 14/4/2005	
Residence: City	Montreuil sur Ille	State	Country	FR
Citizenship	DE			
Mailing Address				
Mailing Address	Le Bas Epinay			
City	Montreuil sur Ille	State	ZIP	35440
			Country	FR
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
LAURENT		BLONDE		
Inventor's Signature			Date	
Residence: City	Thorigne-Fouillard	State	Country	FR
Citizenship	FR			
Mailing Address				
Mailing Address	30, rue Pierre-Jakez Helias			
City	Thorigne-Fouillard	State	Zip	35235
			Country	FR
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
THIERRY		BOREL		
Inventor's Signature			Date	
Residence: City	Noyal sur Vilaine	State	Country	FR
Citizenship	FR			
Mailing Address				
Mailing Address	12 bis rue du commandant Desguez			
City	Noyal sur Vilaine	State	Zip	35530
			Country	FR

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
JURGEN		STAUDER		
Inventor's Signature		Date		
Residence: City	Montreuil sur Ille	State	Country	FR
Citizenship DE				
Mailing Address				
Mailing Address Le Bas Epinay				
City Montreuil sur Ille	State	ZIP 35440	Country FR	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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LAURENT		BLONDE		
Inventor's Signature		Date		
Residence: City	Thorigne-Fouillard	State	Country	FR
Citizenship FR				
Mailing Address				
Mailing Address 30, rue Pierre-Jakez Helias				
City	Thorigne-Fouillard	State	Zip 35235	Country FR
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
THIERRY		BOREL		
Inventor's Signature		Date		
Residence: City	Noyal sur Vilaine	State	Country	FR
Citizenship FR				
Mailing Address				
Mailing Address 12 bis rue du commandant Desguez				
City	Noyal sur Vilaine	State	Zip 35530	Country FR

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
KHALED		SARAYEDDINE	
Inventor's Signature			
Residence: City	Nouvoitour	State	Country FR
Citizenship FR			
Mailing Address			
Mailing Address 12, Rue du Douaire			
City Nouvoitour	State	ZIP 35410	Country FR
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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# EXPRESS EL 977021063415

PTO/SB/81 (11-04)

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	PIERRE OLIVIER et al.
Title	METHOD AND SYSTEM FOR COLOR CORRECTION OF DIGITAL IMAGE DATA
Art Unit	
Examiner Name	
Attorney Docket Number	PU040223

I hereby appoint:

 Practitioners at Customer Number  
**Customer Number 24498**  
**OR** Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number:..**OR** The address associated with Customer Number:**OR**

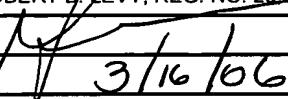
<input type="checkbox"/> Firm or Individual Name	Joseph J. Laks, Patent Operations			
Address				
Address	P. O. BOX 5312			
City	PRINCETON	State	NJ	ZIP 08543-5312
Country	USA			
Telephone	609-734-6820	Fax	609-734-6888	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	ROBERT B. LEVY, REG. NO. 28,234		
Signature			
Date	3/16/06	Telephone	609-734-6820

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**THOMSON LICENSING**

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**THOMSON LICENSING**  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France

do hereby grant

Joseph J. Laks  
Vice President  
Thomson Licensing Inc.  
Two Independence Way  
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

DATED this 14th day of February, in the year 2006.

Signature:

Typed Name As Signed:

Title:

Béatrix de Russé  
Authorized Representative,  
Vice-President Intellectual Property & Licensing

**THOMSON LICENSING**

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**THOMSON LICENSING**

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France

does hereby grant

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Ronald H. Kurdyla - Sr. Patent Counsel/Manager  
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William A. Lagoni - Patent Agent  
Brian J. Cromarty - Patent Agent  
Ronald Kolczynski - Member Patent Staff  
Michael A. Pugel - Patent Agent  
*Thomson Licensing Inc.*  
*Two Independence Way*  
*Princeton, New Jersey 08540*

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005.

DATED this 27<sup>th</sup> day of February, 2006.

SIGNED

  
Joseph J. Laks  
Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON LICENSING

WITNESS

